

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/697,557
Filing Date	10/26/2000
First Named Inventor	Charles C. Freeny, Jr.
Group Art Unit	2131
Examiner Name	Unknown
Attorney Docket Number	2551.049

I hereby appoint:							
Practitioners at Customer Number OR Place Customer Number Bar Code Label here							
X Prac	X Practitioner(s) named below:						
	Name Registration Number Name Registration Number						
<u>د</u> ا	Jerry J. Dunlap	17,146	Charle	s A. Co	dding	25,099	
	Christopher W.Corbett 36,109		Nichola	Nicholas D. Rouse		36,992	
<u> </u>	Glen M. Burdick 24,230		Marc A	Marc A. Brockhaus		40,923	
I	Richard A. Nels	on 45,995	Kathry	Kathryn L. Hester		46,768	
as my/our	Douglas J. Sorocco 43,145 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.							
OR							
Firm or Individual Name		Marc A. Brockhaus, c/o Dunlap, Codding & Rogers, P.C.					
Address		9400 North Broadway, Suite 4	20				
Address							
City		Oklahoma City		State	ок	Zip 73114	
Country		US			•		
		(405) 478-5344 Fax (405) 47		(405) 478-53	⁷ 8-5349		
I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	AUTOM	AUTOMATED BUSINESS COMPANIES					
Signature	2	2-627					
_ Dat		1-22-01					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
□ *Total offorms are submitted.							





PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/697,557		
Filing Date	10/26/2000		
First Named Inventor	Charles C. Freeny, Jr.		
Group Art Unit	2131		
Examiner Name	Unknown		
Attorney Docket Number	2551.049		

l hereby appo	oint:					
☐ Practitio OR ☐ Practitior	Place Customer Number Bar Code Label here					
Nan	ne	Registration Number	Name	Registration Number		
Јепу	Jerry J. Dunlap 17,146		Charles A. Codd	ng 25,099		
Chris	Christopher W.Corbett 36,109		Nicholas D. Rous	se 36,992		
Glen	Glen M. Burdick 24,230		Marc A. Brockha	us 40,923		
Richa	Richard A. Nelson 45,995		Kathryn L. Heste	46,768		
as my/our attor	Douglas J. Sorocco 43,145 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR						
Firm <i>or</i> Individual Name Marc A. Brockhaus c/o Dunlap, Codding & Rogers, P.C.				gers, P.C.		
Address						
Address						
City		Oklahoma City	State C	K Zip 73114		
Country		US				
Telephone			05) 478-5349			
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	Name Charles C. Freeny, Jr.					
Signature	2677					
Date	Date 1 - 22 - 01					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
☐ *Total of	□ *Total offorms are submitted.					